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COMMENT ON THE PAPER ON THE MEDICO-MORAL PROBLEM REGARDING HYDRAMNIOS

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At the kind invitation of the Editor of the LINACRE QUARTERLY, I have been asked to contribute a short comment on the aforesaid paper. It is both a privilege and a pleasure to do so. I have felt for a long time that the moral problem in the case of hydramnios is an acute one and has not yet received a satisfactory solution. I will therefore ask the reader's patient attention to the following suggestions, less with the idea of resolving the problem, than of eliciting criticism from both doctor and moralist. I will venture to treat the matter under three headings; first I will make a few remarks about the problem in so far as I have studied it; secondly, I will offer a few comments on the paper; thirdly, I will propose some conclusions for discussion.

1. In regard to the facts, hydramnios, a too copious quantity of liquor amnii, is acute when it comes on in a few hours; it is chronic, if the fluid accumulates slowly. In the first condition, the moral problem arises at once, and measures must be taken without delay to save the mother by legitimate means. The antiquated procedure was to pierce the amniotic membrane through the os uteri; the waters flowed out suddenly, the sac collapsed, abortion became inevitable, and the mother was imperilled by

haemorrhage due to the detachment of the placenta; even if the child was viable, the rush of waters swept it into a malpresentation and the maternal bleeding became dangerous. Up to the present day, moralists have considered only that situation, namely, the puncturing of the membranes through the os uteri. It was precisely on that point that the moral issue was discussed; on that issue opinions were divided. One set of theologians held that the puncturing was a direct attack on the child; others that it was not, but that it was the first and intended purpose to reduce the swelling; the child would die incidentally. Capellmann, Slater and Antonelli (in the first edition only of his work) defended the procedure on the principle of the double effect; a few others condemned it; the rest did not discuss the case.

Now as far back as the year 1932, I learned that a surgeon of St. Louis had successfully dealt with hydramnios by tapping through the abdominal wall. Possibly it was not the first success. Later, in 1938, in a discussion on a paper on medico-moral problems, during which I had stated the problem as I then conceived it, one of the doctors present explained the method which was coming into favour, that, namely, substantially set forth in the paper

of Dr. Schmitt. But the method was this. A short needle is introduced at the top of the woman's abdomen near the sternum, whilst she is standing or seated, but not lying. The needle pierces the abdominal wall and the membrane of the amnion; fluid is drawn off as much as and as often as it is necessary to do so. On withdrawal of the needle, the amnion and the chorion often slide on each other and the puncture in the uterine wall is at once obliterated by the movements of the muscular fibres. Enough fluid is left for the child to float in, and as the child's head is normally near the pelvic rim, it would not be touched.

On referring to one of the standard works on Midwifery (*A Short Practice of Midwifery*, by Jellett, 10th edition, 1930), I find that no account is taken of this method, but it is recommended to introduce a knitting needle or the stilette of a catheter, between the membranes and the uterine wall and puncture the membranes as high up as possible. This appears to me to be a glimmering of the method advocated by Dr. Schmitt.

2. In regard to the paper itself, I venture to make these comments.

a. I believe that the antiquated operation, is, as stated in the paper, a direct attack on the foetus and not permissible.

b. Drs. Dieckmann and Davis state that it would be possible to drain off a certain amount of the amniotic fluid, but the method is not indicated.

c. As to the suggestion made in

the paper of using a long needle, it would seem safer to employ as short a needle as possible lest the foetus be pierced.

d. The suggestion made in the paper to puncture the uterus five or six cm. above the symphysis, the patient lying on her back, may succeed without puncturing the head of the foetus, but would it not be better to puncture the uterus high up, the patient standing or being seated? How will the flow of the liquid be checked if the puncture is low down? If however Dr. Schmitt has found that puncturing in the place suggested by him does not lead to an unnecessary amount of the fluid being expelled, then I believe that the procedure is perfectly justifiable.

In the cases quoted by Drs. Dubrovsky and di Fonzo, the proportion of 50% spontaneous miscarriages or premature deliveries seems enormous. Such a high percentage would be preventable by the method suggested in the paper. A 50% failure to save the foetus cannot commend itself.

e. Dr. Davis suggested that after some fluid had been withdrawn it would be well to have an X-ray picture of the foetus made in order to rule out a possible monstrosity. I do not see the relevance of this remark, unless it means that the monster is to be aborted, a proceeding which could not be defended.

3. It may be permissible to draw some conclusions concerning the moral issues in the condition of

hydramnios. The following are submitted for discussion and not in the least as claiming to settle so difficult a matter.

a. The paper of Dr. Schmitt is, I believe, the first to appear in any Catholic periodical that offers even the semblance of a solution to a problem that has vexed moralists and Catholic doctors. The precise method advocated in the paper or the analogous one suggested in my comments has never yet been described by any Catholic theologian, so far as I know.

b. The explanation of the method and the results derived from clinical experience will come as an immense boon to theologians and Catholic doctors, for I believe that the method advocated definitely and finally solves the problem of saving foetal life in the situation of hydramnios, and it appears to me that the solution is morally sound and, if I may say so, surgically an advance on the old methods.

c. The method suggested in the paper is I think morally perfectly sound. The mother is relieved, the foetus is not intentionally attacked directly or indirectly, nor need it be in fact affected at all, if great care is taken to verify the position of it in the womb and to avoid puncturing any vital part. I feel however that a long needle inserted low down in the uterus is not so safe as a short needle inserted high up; but one must leave such matters to the skill of the surgeon and let him decide what is best.

d. The condition of hydramnios should be robbed of many of its terrors if the method of Dr. Schmitt is adopted, and by it infant mortality will be greatly reduced, for it will not any longer be the actual operation that will be deadly to the inviable foetus but natural causes. If a rare abortion should take place in the new method, it will be indirect, unintentional and may, I believe, be permitted regretfully. This operation of paracentesis will rank high among life-saving operations.

A Serious National Problem

Pointing out that there were 1,300,000 fewer school children in the nation last year than in 1930, Dr. Henry F. Helmholtz, President of the American Academy of Pediatrics, declared that the birth rate has dropped to the lowest level in history and that this is creating a serious national problem.

Addressing 600 physicians at the opening session of a convention of the first region of the Academy, Dr. Helmholtz criticized American mothers who are inclined to sacrifice the best interests of children for the sake of work, a career, or pleasure. Already, he asserted, the failing birth rate has made the child "an increasingly smaller part of the population" and is bringing about "a great change" in population trends.—*New York Times*.